

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-

6. BROWN

PATENT

Applicants:

Bobrowicz

Serial No.:

10/680,963 - Case No.: GF0021YIC (formerly GFI/108)

Filed:

7 October 2003

For:

N-ACETYLGLUCOSAMINYLTRANSFERASE III

EXPRESSION IN LOWER EUKARYOTES

Art Unit: 1636

Examiner:

Celene X. Qian

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

STATEMENT REGARDING LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

Sir:

Pursuant to the notification requirement of 37 CFR §1.27(g), the undersigned hereby notifies the United States Patent and Trademark Office (USPTO) that the above-identified patent application is no longer entitled to small entity status.

The loss of entitlement results from a merger between GlyfoFi, Inc. and an acquisition company, which had the effect of creating a successor of GlycoFi, Inc. that is a wholly-owned subsidiary of Merck & Co., Inc.

Respectfully submitted,

John David Reilly

Reg. No. 43,039 Attorney for Applicant

MERCK & CO., INC.

P.O. Box 2000

Rahway, New Jersey 07065-0907

(732) 594-6914

Date: Sy 13, 2007

ES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re application of: BOBROWICZ ET AL.
Serial No. 10/680,963
Filed October 7, 2003
Group Art Unit 1636
Examiner C.X. Qian

For: N-ACETYLGLUCOSAMINYLTRANSFERASE III EXPRESSION IN LOWER EUKARYOTES

Transmitted here	ewith is an ame	ndment in the	above-identified	application.
				mpp

X	No	additional	fee	is	required
	110	additional	100	IJ	required

The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims remaining after amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	*96	-	** =	X	\$50	=0.00
Independent Claims	*12	-	*** =	X	\$200	=0.00
Multiple Dependent Claims					\$360 ****	=
	1		TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

 *** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
- Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

___ to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

MERCK & CO., INC.

Respectfully

TO DAVID REILLY

for Applicant(s)

Reg. No. 43,039

MERCK & CO., INC. Patent Dept., RY60-30

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IN DUPLICATE